SS/FID#:

Business Certificate
No.

## The Commonwealth of Massachusetts Town of Hingham

Date: Expires:

In conformity with the provisions of Chapter one hundred and ten, Section five of the General Laws, as amended, the undersigned hereby declare(s) that a business under the title of:

is conducted at:  His by the following named persons:	ngham, MA 02043
FULL NAME	RESIDENCE
Signed	
(signature)	(signature)
(signature)	(signature)
The Commo	nwealth of Massachusetts
Plymouth, ss.	Date:
Personally appeared before me the ab	ove named:
	n this section shall be in force and effect for four years ach four years thereafter so long as such business shall
Commission Expiration Date:	
	Notary/Town Clerk/Assistant Town Clerk